

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

15 NOV 17 AM 9:51

Office Use Only

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ABELER4SENATE

ADDRESS (number and street)

600 EAST MAIN STREET



Check if different
than previously
reported. (ACC)

ANOKA

MN

55303

2. FEC IDENTIFICATION NUMBER ▼

C C00546630

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORT
☒ NEW
(N)

OR

☐ AMENDED
(A)

MN

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

in the
State of

M N

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

in the
State of

M N

5. Covering Period

M M / D D / Y Y Y Y Y Y

07 / 01 / 2015

2015

through

M M / D D / Y Y Y Y Y Y

09 / 30 / 2015

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BART WARD

Signature of Treasurer BART WARD

Date

M M / D D / Y Y Y Y Y Y

11 / 01 / 2015

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)